

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/08/2016  
FORM APPROVED  
OMB NO. 0938-0391

POQ #2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445240	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  05/25/2016
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF RED BANK			STREET ADDRESS, CITY, STATE, ZIP CODE 1020 RUNYAN DR CHATTANOOGA, TN 37405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 253 SS=D	<p>483.15(h)(2) HOUSEKEEPING &amp; MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview the facility failed to maintain the resident's environment in a clean, sanitary condition for 2 semi-private rooms on 2 of 4 hallways observed.</p> <p>The findings included:</p> <p>Review of the facility policy, Housekeeping Services, revised 4/1/15 revealed "...promote a sanitary environment...dust daily to remove particles from the air and surfaces in the resident area...clean...curtains..."</p> <p>Observation on 5/24/16 at 8:35 AM, in a semi-private room on the north hall revealed dust debris on the covering and blades of a tabletop fan.</p> <p>Interview with the Director of Nursing and the Unit Manager on 5/24/16 at 8:45 AM, in the semi-private room on the north hall confirmed the facility failed to maintain a clean tabletop fan for resident use.</p> <p>Observation on 5/24/16 at 9:35 AM, in a resident room on the East Wing Hallway revealed a privacy curtain which had a dried brown substance streak down the curtain hanging between the A bed and B bed.</p>	F 253	<p>F 253 -</p> <ol style="list-style-type: none"> <li>1. Resident Specific - No resident was affected by the deficient practice</li> <li>2. b) Other residents that may be affected - all residents have the potential to be affected by the deficient practice</li> <li>3. c) Process/system changes - measures put into place to avoid recurrence are revision of policy and procedure for clarification, education of housekeeping staff relative to the change in policy and procedure, and scheduling and monitoring by Housekeeping Director</li> <li>4. d) Monitoring - compliance with housekeeping procedures will be monitored, by Director of Housekeeping, via a 100% sample in the first week and, thereafter, a 25% sample weekly and rotationally to encompass 100% of rooms in a 4 - week period. Non-compliance will result in progressive corrective action in accordance with facility policy and procedure. The deficient practice, corrective action and monitoring will</li> </ol>	<p>Completion Date 7/8/16</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 253	Continued From page 1 Interview with Housekeeper #1 on 5/24/16 at 11:05 AM, in the resident's room on the East Wing Hallway confirmed the curtain was soiled and should be washed immediately.	F 253	become a part of PI and remain active until 90 days without deficient practice have been demonstrated.  Completion Date 07/08/16		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS  A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.  This REQUIREMENT is not met as evidenced by: Based on review of facility policy, medical record review, observation and interview, the facility failed to provide nail care for 1 resident (#20) of 40 residents reviewed.  The findings included:  Review of the facility policy, Fingernail Care, undated, revealed "...fingernails...cleaned during hand washing and bath care...nail care includes daily cleaning and regular trimming..."  Medical record review revealed Resident #20 was admitted to the facility on 2/25/14 with diagnoses including Diseases of the Lips, Convulsions, Vascular Dementia with Delusions, Cerebral Infarction, and Hemiplegia and Hemiparesis following Cerebrovascular Disease.  Medical record review of the Quarterly Minimum Data Set dated 3/16/16 revealed the resident scored 6 out of 15 on the Brief Interview for	F 312	F 312 -  1. Resident Specific -Resident #20 was offered shower by unit coordinator immediately and accepted. Showers and nail care were completed on 05/24/16.  2. Other resident that may be affected - All current residents were audited by the unit coordinator on 05/24/16 to assure showers and nail care were completed as scheduled. Resident requesting showers were accommodated on 05/24/16.  3. System/Process Changes - The Unit coordinators review the 7 day look back report for bathing documentation. Any resident lacking bathing documentation are offered bathing of preference. Education is provided to CNAs.		Completion date 7/8/16

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F 312	<p>Continued From page 2</p> <p>Mental Status indicating severe cognitive impairment, and was totally dependent for activities of daily living (ADL's) including personal hygiene.</p> <p>Observation of Resident #20 on 5/23/16 at 10:45 AM, revealed a morbidly obese resident with a flaccid left arm and a washcloth inside the left hand. Continued observation revealed the right hand had long fingernails with black debris under the nails. Continued observation revealed the Resident #20 moving the right hand at will.</p> <p>Medical record review of the CNA (Certified Nursing Assistant) Daily Assignment North Hall record dated 5/23/16 revealed Resident #20 was scheduled for a shower on the 3-11 shift. Continued review revealed "Nurses must document refusal of showers in nursing notes after verifying [verifying] with resident". Further review revealed no documentation of a shower or reason of shower refusal on 5/23/16.</p> <p>Observation and interview with Resident #20 on 5/24/16 at 8:20 AM, in the resident's room revealed dark debris under the nailbeds on the right hand and confirmed he did not have a shower on 5/23/16.</p> <p>Observation and interview with the Director of Nursing and Unit Manager of the North Hall on 5/24/16 at 8:50 AM, confirmed the facility failed to provide assistance with ADL's for personal hygiene to maintain Resident #20's fingernails in a clean, neat condition.</p>	F 312	<p>Charge Nurses, and Unit Coordinators on 05/29/16. Audits of documentation by Unit Coordinators will be completed by Unit Coordinators weekly for 4 weeks then monthly for 3 months.</p> <p>4. Monitoring -The unit coordinators will report results of the audits to the Director of nursing. The director of nursing will submit the results to the quality assurance performance improvement (QAPI) committee consisting of the medical director, executive director, and Director of nursing and at least 3 other staff members monthly. The QAPI committee will review the results and, if deemed necessary, additional education may be provided, the process evaluated/revised, and/or the audits reviewed for 2 months or until 100% compliance is achieved.</p> <p>Completion Date 07/08/16</p>	Completion date 7/8/16	
F 333	483.25(m)(2) RESIDENTS FREE OF	F 333			

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F 333 SS=D	<p>Continued From page 3</p> <p><b>SIGNIFICANT MED ERRORS</b></p> <p>The facility must ensure that residents are free of any significant medication errors.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, and interview the facility failed to administer an antibiotic for a Urinary Tract Infection (UTI) for 1 resident (#104) of 37 residents reviewed.</p> <p>The findings included:</p> <p>Medical record review revealed Resident #104 was admitted to the facility on 1/28/13 and readmitted on 3/12/16, with diagnoses including Cerebral Palsy, Hypertension, Tubulo-Interstitial Nephritis, Encephalopathy, Urinary Tract Infection, Streptococcal Infection, Atrial Fibrillation, Muscle Weakness, Intellectual Disabilities, Contracture of Hand Joint, Spasm of Muscle, Abnormal Posture, Acute Embolism and Thrombosis, and Gastro-Esophageal Reflux.</p> <p>Medical record review of the annual Minimum Data Set (MDS) assessment dated 2/5/16, revealed Resident #104 was always incontinent of bowel and bladder.</p> <p>Review of the Physician's Order dated 2/23/16, revealed, "Cipro 500 mg [milligram] PO [by mouth] bid [twice a day] x [times] 10 days ...Indication - Dx [diagnosis] UTI [Urinary Tract Infection]."</p> <p>Medical record review of the Medication Record for February 2016, revealed a blank section on</p>	F 333	<p>1. Resident specific - Resident # 104 -MD, Dr. Sogges, notified no new orders by Unit Coordinator on 05/24/16 -Medical director notified, Patient's attending, no new orders by DON on 05/24/16 - Head to toe Assessment of resident on 05/24/16 by ADON. Reviewed medical record and recapitulation of her physician orders on 05/24/16 by Unit Coordinator - Family notified of medication error on 05/24/16 by Unit Coordinator. One on one education with nurse specific regarding the admission/readmission physician order process to include 2 nurses to compare the hospital discharge orders to the admission physician order sheet and to compare physician orders to the MARs/TARs for accurate transcription, sign the order next to the first nurse's signature and Initial the MARs next to the first nurses initials. One on one education with nurse specific regarding the 6 rights of medication administration, including proper documentation of late entries, patient refusals on the MAR/TAR.</p>	<p>Completion date 7/2/16</p>	

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F 333	<p>Continued From page 4</p> <p>2/25/16 at 9:00 AM, indicating the 9:00 AM dose of Cipro had not been administered.</p> <p>Medical record review of a Progress Note dated 3/9/16 at 7:22 AM, revealed "...CNA [certified nurse aide]...reported...resident had increased confusion, facial drooping on the right side, drooling from the right side of her mouth and a temperature...increased difficulty swallowing chest congestion and not following commands as she usually would...Tylenol suppository given due to the temperature of 101.7..."</p> <p>Medical record review of a Physician/Prescriber Telephone Orders dated 3/9/16, revealed "...Transfer to...ER [emergency room] for eval [evaluation] / tx [treatment]..."</p> <p>Medical record review of the Hospital Medicine Progress Note dated 3/11/16, revealed "...diagnosis UTI [with] recurrent UTI...Sepsis [secondary] to [UTI] or SIRS [Systemic Inflammatory Response Syndrome - the body's response to an infectious event]...Encephalopathy..."</p> <p>Medical record review of a transfer order from the acute care facility dated 3/12/16, revealed "...Cefitin [antibiotic] 250 mg tablet: 2 by mouth twice a day for 5 days...discharge diagnosis...UTI..."</p> <p>Medical record review of Discharge Instructions dated 3/12/16 at 2:59 PM, revealed "...Cefitin... [250 mg tablet]: 2 by mouth twice a day for 5 days...TORB [telephone order read back] physician signature for facility transfer signed 3/12/16 at 2:55 PM..."</p>	F 333	<p>2. Other residents that may be affected - 100% audit of all MARS and TARS for May 2016 for any omissions. Initiated on 05/24/16 - 100% audit of all admission/readmission orders in the last 30 days for accuracy of orders and accuracy of transcription.</p> <p>3. Process/system changes - Educate all licensed nurses on the admission/readmission physician order process to include 2 nurses to compare the hospital discharge orders to the admission physician orders sheet and to compare physician order to the MAR/TAR for accurate transcription, sign the order next to the first nurse signature and initial the MAR next to the first nurses initials - Educate all licensed nurses on the 6 rights of medication administration including proper documentation</p>	Completion date 7/8/16	

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F 333	<p>Continued From page 5</p> <p>Medical record review of the Initial Data Collection Tool/Nursing Service dated 3/12/16 at 6:45 PM, revealed "...admitted from (named hospital)...diagnosis Pyleonephritis [Pyelonephritis]...fever...confusion...unresponsive..."</p> <p>Medical record review of the Physician's Orders dated March 2016 Re-Admit orders (stamped Original) revealed no order for the Ceftin.</p> <p>Medical record review of the Medication Administration Record (MAR) dated March 2016 for 3/12/16 through 3/25/16 revealed no documentation the Ceftin had been administered.</p> <p>Medical record review of the Vital Signs report on 3/21/16 at 11:27 PM revealed "...temperature 101.1..."</p> <p>Medical record review of the Physician/Prescriber Telephone Order dated 3/22/16 revealed "...Obtain UA [urinalysis] if (+) [positive for bacteria] send for C&amp;S [culture and sensitivity]..."</p> <p>Medical record review of a laboratory test dated 3/25/16 revealed "...Urine culture...Escherichia Coli..." indicating bacteria present.</p> <p>Interview with the Director of Nursing (DON) and Unit Manager #2 on 5/24/16 at 10:32 AM, in the DON's office confirmed there was a "missed dose" of antibiotic medication on 2/25/16. Continued interview confirmed the facility was first made aware of the medication omission during the survey process, and the Ceftin (antibiotic medication) ordered on the Discharge Instructions dated 3/12/16 had not been administered to the resident from 3/12/16 to</p>	F 333	<p>of late entries, patient refusals on the MAR/TAR - Educate ADON, MDS coordinators, Unit Coordinators and restorative Nurse on the new process of the third check of all new admission/readmission physician order process of MARS and TARS for accuracy in the daily morning clinical meeting - Education to all licensed nurses on shift change MAR review process - 100% audit of admissions/readmissions physician order process of MARS and TARS for accuracy will be documented daily by the ADON, MDS Coordinators, and restorative nurse and results will be reported to the DON - Initiate and audit the shift change review process including the MAR/TAR audit with documentation on audit tool.</p> <p>4. Monitoring - The Director of Nursing will submit the results of the admission/readmission physician order audits, and the shift change MAR review process audits to the quality assurance/performance improvement (QAPI) committee consisting of the Medical Director, Executive Director, Director of Nursing, Director of Rehabilitation services, and Director of Social Services monthly. The QAPI Committee will review the results and if deemed necessary additional education may be provided, the process evaluated/revised, and/or the</p>	<p>Completion date 7/8/16</p>	

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F 333	Continued From page 6 3/26/16. Continued interview confirmed the facility's failure to follow the physician's order to provide the medication resulted in a significant medication error for Resident #104.	F 333	audits reviewed for three months or until 100% compliance is achieved.	Completion date 7/8/16	
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.  (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.  (c) Linens	F 441	F 441 -  1. Resident Specific - No resident evidenced a negative outcome from the deficient practice and the CNA(s) for the resident(s) noted were in-service immediately. By the Unit Coordinator, with regard to hand washing during meal set up, on 5/24/16.  2. Other residents that may be affected - All resident served trays in their rooms have the potential to be affected by the noted deficient practice.  3. The Unit Coordinator conducted in-services, regarding hand washing, on 5/24/16 for licensed and unlicensed staff. Unit Coordinators will conduct hand washing observation/audits weekly for		

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F 441	<p>Continued From page 7</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation, and interview, the facility failed to use proper hand washing/hand sanitizing techniques between resident care functions during 2 observations of 2 areas of 6 dining areas observed.</p> <p>The findings included: Review of facility policy, Handwashing, undated, revealed "...washing your hands...before serving food...touching contaminated items..."</p> <p>Observation of Certified Nursing Assistant (CNA) #1 on 5/23/16 at 12:46 PM, on the north hall during lunch service revealed CNA #1 entered a semi-private room, set up a resident lunch tray, patted the resident's shoulder, and exited the room without washing the hands. Further observation revealed CNA #1 entered a second semi-private room, set up the resident's lunch tray, pulled his legs over the side of the bed, and exited the room without washing the hands. Continued observation revealed the CNA #1 poured a cup of coffee for the next resident, entered the third resident's room, set up the lunch tray, and exited the room without washing the hands. Continued observation revealed CNA #1 reentered the room and used hand sanitizer to disinfect the hands.</p>	F 441	<p>4 weeks and monthly for 2 months to assure compliance, submitting results to the Director of Nursing.</p> <p>4. The Director of Nursing will submit the results of the audits to the QAPI team who will review the results and if deemed necessary, additional education or process adjust may be provided. The issue will remain a focus of QAPI until 100% compliance is evidenced for 90 contiguous days.</p> <p>Completion Date 7/8/16</p>	<p>Completion date 7/8/16</p>	



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STREET ADDRESS, CITY, STATE, ZIP CODE

LIFE CARE CENTER OF RED BANK

1020 RUNYAN DR

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F 441	<p>Continued From page 8</p> <p>Interview with the CNA #1 on 5/23/16 at 12:50 PM, on the north hall confirmed she had not washed her hands in between providing resident care stating, "...We wash them after every third resident..."</p> <p>Observation of CNA #2 on 5/23/16 at 12:40 PM, outside of a resident's room on the East Wing hallway revealed CNA #2 donned a pair of gloves, assisted with repositioning the resident up in the bed, removed the tray cover, removed the lids from 2 beverages, opened the straw, and inserted the straw into the beverage, unrolled the resident's napkin and eating utensils, cut up the residents food with the utensils, opened the salt and pepper packages and layed them on the tray for the resident to use. Continued observation revealed CNA #2 removed her gloves and sanitized the hands.</p> <p>Interview with CNA #2 on 5/23/16 at 12:40 PM, on the East Wing hallway confirmed "...should have taken off the gloves and washed my hands before setting up the tray..."</p> <p>Interview with the Director of Nursing on 5/23/16 at 12:55 PM, confirmed the facility failed to perform hand hygiene in between resident care according the facility's policy.</p>	F 441		